



POSTER PRESENTATION

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Hospitalization potential at an infectious diseases division of a metropolitan Hospital of Northern Italy; persisting limitations and related problems

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From 16th International Symposium on HIV and Emerging Infectious Diseases
Marseille, France. 24-26 March 2010

Background

Notwithstanding the deep modifications of the natural history of HIV/AIDS, the hospitalization potential of Infectious Diseases (ID) wards remains largely inadequate in Italy, according to the continued modification of epidemiology and disease spectrum.

Methods

A surveillance study of patients (p) needing hospitalization at our inpatient ward (located at S. Orsola Hospital, Bologna, Italy) and their outcome, was prospectively performed.

Results

From January 2000 to May 2002 our inpatient unit could rely on 16 beds, while since June 2003 (after joining with the other ID unit of our 800,000-inhabitant metropolitan area), the available beds rose to 35. The ID Specialist must act as a consultant for every p with a suspected ID, to assess need of hospitalization and/or isolation measures, and eventually search an adequate place (the so-called "bed service"), should room is not available at our ward. The rate of p admitted elsewhere dropped from the year 2000 (34.3%), to 2001 (26.9%), and 2002 (12.9%), but reached a stabilization during years 2003-2008 (12.1%; $p < .0001$ versus year 2000). Among the 771 p who could not be admitted by us, no epidemiologic differences were found during time, and HIV disease prevailed (311 p:40.3%). When infectious (but not diffusive) illnesses are of concern, p may be accepted by other city Hospitals, while the event of diffusive ID required a transfert to the closest ID ward.

Until May 2002, the other city ID Unit accepted over 30% of p, but the unification into a single ward partially reduced the need of transferts 40-115 Km far from our city, stabilizing the rate around 12-13% in the last six years. Among the 311 HIV p not accepted at our ward, 26% had a place at the other ID ward, 61% at our Hospital, 3% at Hospitals of the Bologna province, while 10% needed a transfert to other cities.

Discussion

Still in the third millennium, ID wards play a key role in health care inpatient assistance, although a continuous fitting to prevailing ID and available resources is needed. The lack of suitable beds for p needing admission remains a striking problem, especially when p with acute-severe illness are of concern, and a long-distance transfert may led to potentially severe risks for p health, and breakdown of isolation/protection measures.

Published: 11 May 2010

doi:10.1186/1742-4690-7-S1-P159

Cite this article as: Manfredi: Hospitalization potential at an infectious diseases division of a metropolitan Hospital of Northern Italy; persisting limitations and related problems. *Retrovirology* 2010 **7**(Suppl 1):P159.

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